

CalOMS Data Element Matrix Version 4.7
Data to be Collected and Reported by the Counties and Follow-up Entity

<u>Group and Item Number</u>	<u>Instrmt. X-Ref</u>	<u>Data Element</u>	<u>Question</u>	<u>Notes</u>	<u>Value Codes</u>	<u>Allowable Values</u>	<u>Validation Rules</u>	<u>Maximum Character Length</u>	<u>Type (Nm/Al)</u>	<u>Adm</u>	<u>Dischg</u>	<u>X mo Flw Up</u>
Client Identification and Demographic Data												
CID-1	CADDS-3 TEDS	Unique Participant ID	Unique Participant ID	Data element derived from First and Last Name, Gender, and DOB	1 2	Last Initial: A-Z First Initial: A-Z Sex: Male Sex: Female Date of Birth: Month: 01-12 Day: 01-31 Year: 00-99	If invalid, drop to suspense.	9	A/N	X	X	X
CID-2	CADDS-4	Provider's Participant ID	Provider's Participant ID	Data collected at admission and confirmed at subsequent data collection points		A-Z, 0-9, blank, hyphen	no edit	10	A/N	X	X	X
CID-3	UCI-1 CADDS 1.2 TEDS	Gender	What is your gender?	Data collected at admission and confirmed at subsequent data collection points	1 2 99903	Male Female Other	If invalid, drop to suspense.	5	N	X	X	X
CID-4	UCI-2 CADDS 1.3 TEDS	Date of Birth	What is your date of birth ?	Data collected at admission and confirmed at subsequent data collection points		MM: 01-12 DD: 01-31 YYYY: 1899-1999	Must be at 5-105 years old. If date invalid, drop to suspense	10	N	X	X	X
CID-5	UCI-9 CADDS 1.1	Current first name	What is your current first name?	Data collected at admission and confirmed at subsequent data collection points		Alpha, cannot be null	If invalid, drop to suspense.	20	A	X	X	X
CID-6	UCI-8 CADDS 1.1	Current last name	What is your current last name ?	Data collected at admission and confirmed at subsequent data collection points		Alpha, cannot be null	If invalid, drop to suspense.	20	A	X	X	X
CID-7	UCI-10	SSN	What is your Social Security Number?	Data collected at admission and confirmed at subsequent data collection points		NNNNNNNNN	If invalid, produce non-critical error.	9	N	X	X	X
CID-8	UCI-7	Zip code at current residence	What is your zip code at current residence?	Data collected at admission and confirmed at subsequent data collection points		00000-99999 (All zeroes = homeless)	If invalid, produce non-critical error.	5	N	X	X	X
CID-9	UCI-5	Birth first name	What is your birth first name ?	Data collected at admission and confirmed at subsequent data collection points		Alpha, cannot be null	If invalid, drop to suspense.	20	A	X	X	X
CID-10	UCI-6	Birth last name	What is your birth last name ?	Data collected at admission and confirmed at subsequent data collection points		Alpha, cannot be null	If invalid, drop to suspense.	20	A	X	X	X
CID-11	UCI-3	Place of birth	What is your place of birth ?	Data collected at admission and confirmed at subsequent data collection points		Alpha. County, state or country	If invalid, drop to suspense.	TBD	A	X	X	X
CID-12	UCI-13	Driver's license number	What is your driver's license number?	Data collected at admission and confirmed at subsequent data collection points		Alpha, NNNNNNN	If invalid, produce non-critical error.	8	A	X	X	X
CID-13	UCI-13	Driver's license state	For which state do you have a valid driver's license ?	Data collected at admission and confirmed at subsequent data collection points		AA-ZZ	If invalid, produce non-critical error.	2	A	X	X	X
CID-14	UCI-4	Mother's first name	What is your mother's first name?	Data collected at admission and confirmed at subsequent data collection points		Alpha, cannot be null	If invalid, drop to suspense.	20	A	X	X	X
Notes: * Group codes are defined on the last page. * Clients 17 years old and under do not answer outcome (MTOQ) questions. MTOQ items are not collected for detox clients at discharge. * Other exceptions to data collection requirements are identified in the CalOMS Requirements Specification. * Items NOT BOLDED are carried over from existing CADDS as is. Items in BOLD are new questions for CalOMS or changes to existing CADDS questions. * Item CID-19 is under discussion with the IWG.												

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CID-15	CADDS-6 TEDS	Race	What is your race?		01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 99900	White Black/African-American American Indian Alaskan Native Asian Indian Cambodian Chinese Filipino Guamanian Hawaiian Japanese Korean Laotian Samoan Vietnamese Other Asian Other Race Mixed Race Not answered	May choose up to 5 races. If 2 or more races provided, TEDS value should = Two or More Races. If invalid, drop to suspense.	5	N	X		
CID-16	CADDS-7 TEDS	Ethnicity	What is your ethnicity?		1 2 3 4 5	Not Hispanic Mexican/Mexican Am. Cuban Puerto Rican Other Hispanic/Latino	If invalid, drop to suspense.	1	N	X		
CID-17	TEDDS Optional	Veteran	Are you a veteran?		1 0	Yes No	If invalid, produce non-critical error.	1	N	X		
CID-18	CADDS	Disability	What type of disability do you have, if any?		1 2 3 4 5 6 7 8	None Visual Hearing Speech Mobility Mental Developmentally Disabled Other Disability (not AOD)	May choose more than one. If invalid, produce non-critical error.	1	N	X		
CID-19	Privacy	Consent	Is there a consent form allowing future possible contact signed by the client on file within your agency?	Asked at Admission and confirmed at Discharge	1 0	Yes No	If invalid, produce non-critical error.	1	N	X	X	
Transaction data												
TRN-1	CADDS TEDS	Type of form	Type of form	Provider supplied information	1 2 3 4 5 6	Admission Correction to Admission Deletion of Admission Discharge Correction to Discharge Deletion of Discharge	Form dependency rules will apply as specified in the CalOMS requirements document. If invalid, drop to suspense.	2	A	X	X	X
TRN-2	None	Transaction Date and Time	Transaction Date and Time	System generated - date and time record is submitted to CalOMS		MM: 01-12 DD: 01-31 YYYY: 1999-2099 HH: 00-23 MM:00-59 SS: 00-59	Must be prior to today's date and time.	19	N	X	X	X
TRN-3	CADDS-2	Form Serial Number	Form Serial Number	System generated		May be up to 15 characters	If invalid, produce fatal error.	7	A/N	X	X	X
Admission Data												

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ADM-1	CADD-14 TEDS	Admission Date	Date of Admission	Provider supplied information		MM: 01-12 DD: 01-31 YYYY: 1999-2099	Must be after January 1, 1999 and prior to today's date. Must be prior to corresponding discharge date. If invalid drop to suspense.	8	N	X		
ADM-2	CADD-15 TEDS	Admission/Transaction Type	Transaction Type	Provider supplied information	1 2	Initial Admission, Transfer, or Change in Service	If invalid drop to suspense.	1	N	X		
ADM-3	CADD-1 TEDS	Provider ID	Provider ID			County code: 01-58 Facility ID: 4-digit provider ID assigned by ADP.	If invalid, produce fatal error.	7	N	X	X	
ADM-4	CADD-16 TEDS	Type of Service	Type of Service	Provider supplied information	1 2 3 4 5 6 7	Nonresid/Outpatient treatment/recovery Day Program-intensive Detox Residential: Detox (hospital) Detox (non-hospital) Treatment/recovery (30 days or less) Treatment/recovery (31 days or more)	If invalid drop to suspense.	1	N	X		
ADM-5	CADD-10 TEDS	Source of Referral	What is your principal source of referral?		1	Individual, including self-referral	If invalid, drop to suspense.	2	N	X		
					2	Alcohol/Drug Abuse program						
					3	Other Health Care Provider						
					4	School/ Educational						
					5	Employer/EAP						
					6	12 Step Mutual Aid						
					7	SACPA Court/ Probation						
					8	SACPA Parole						
					9	DUI/DWI						
					DCP=State Drug Court Partnership	10	DCP					
					CDCI=Comprehensive Drug Court Implementation	11	CDCI					
						12	Non SACPA Court / Criminal Justice					
						13	Other Community Referral					
ADM-6	TEDS (Optional)	Days Waited to Enter Treatment?	How many days were you on a waiting list before you were admitted to this treatment program?			0-996	Must be greater than or equal to zero.	3	N	X		
ADM-7	CADD-18 TEDS	Number of Prior Episodes	What is the number of prior episodes in any alcohol or drug treatment/recovery program in which you have participated?	Participated as a primacy client not as a co-dependent	00-99	00-99	For TEDS, if 5 or more, map to 5. For If invalid, produce non-critical error and map to TEDS	2	N	X		
ADM-8	CADD (coded remarks)	CalWORKs Recipient	Are you a CalWORKs recipient?		1 0	Yes No	If invalid, produce non-critical error.	1	N	X		

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ADM-9	CADDs (coded remarks)	Substance abuse treatment under CalWORKs	Are you a substance abuse treatment client under CalWORKs recipient's welfare-to-work plan?		1 0	Yes No	If invalid, produce non-critical error. 78 must be 1	1	N	X		
ADM-10	CADDs-24	Special Services/Contract County Code	Special Services/Contract?	Provider supplied information		01-58, blank	Must be valid county number 1 58. If invalid produce non-critical error.	2	N	X		
ADM-11	CADDs- 24	Special Services Contract ID	Special Services Contract ID	Provider supplied information		0000-9999	If invalid, produce non-critical error.	4	N	X		
Discharge Data												
DIS-1	CADDs-28 TEDS	Discharge date	Date of Discharge	Provider supplied information		MM: 01-12 DD: 01-31 YYYY: 1999-2099	Must be after admission date and prior to today's date. If invalid, drop to suspense.	8	N		X	
DIS-2	CADDs-29 TEDS	Discharge Status	Discharge Status	Provider supplied information	1	Completed Treatment/ Recovery Plan, Goals/ Referred	If invalid, drop to suspense.	5	N		X	
					2	Completed Treatment/Recovery Plan, Goals/ Not Referred						
					3	Left Before Completion w /Satisfactory Progress/ Referred						
					4	Left Before Completion w /Satisfactory Progress/ Not Referred						
					5	Left Before Completion w / Unsatisfactory Progress/ Referred						
					6	Left Before Completion w / Unsatisfactory Progress/ Not Referred						
					7	Death						
					8	Incarceration						
Alcohol and Drug Use data												

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ADU-1	CADD-19 PPG-1 MTOQ TEDS	Primary Drug	What is your (primary) alcohol or drug problem?		0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 99901 99903	None Heroin Alcohol Barbiturates Other Sedatives or Hypnotics Methamphetamine Other Amphetamines Other Stimulants Cocaine/Crack Marijuana/Hashish PCP Other Hallucinogens Tranquilizers (Benzodiazepine) Other Tranquilizers Non-Prescription Methadone OxyContin Other Opiates or Synthetics Inhalants Over-the-Counter Ecstasy Other Club Drugs Unknown Other (specify)	None' is not an allowable value for primary drug, but is allowable for secondary and tertiary. Allow up to 32 characters of text to specify 'Other' drug type. If invalid, drop to suspense. 'Unknown' is an allowable value for administrative discharge only.	32	A/N	X	X	X
ADU-2	CADD-21 MTOQ PPG-2 TEDS	Primary Drug Frequency	How many days in the past 30 days have you used primary drug?			00-30	If invalid, drop to suspense.			X	X	X
ADU-3	CADD-20 TEDS	Primary Drug Route of Administration	What is your usual route of administration for primary drug ?		1 2 3 4 99903	Oral Smoking Inhalation Injection (IV or intramuscular) Other	If invalid, drop to suspense.	5	N	X	X	X
ADU-4	CADD-22 TEDS	Primary Drug Age of First Use	What was your age of first use for primary drug?			05-105	If invalid, drop to suspense.	3	N	X		
ADU-5	CADD-19 PPG-1 MTOQ TEDS	Secondary Drug	What is your (secondary) alcohol or drug problem ?			Refer to map reference.	Same as Primary Drug, except may also include 'none' as a value			X	X	X
ADU-6	CADD-21 MTOQ PPG-2 TEDS	Secondary Drug Frequency	How many days in the past 30 days have you used secondary drug?			00-30	If invalid, drop to suspense. .			X	X	X
ADU-7	CADD-20 TEDS	Secondary Drug Route of Administration	What is your usual route of administration for secondary drug ?		1 2 3 4 99903	Oral Smoking Inhalation Injection (IV or intramuscular) Other	If secondary drug=none, this should be null. If invalid, drop to suspense.	5	N	X	X	X
ADU-8	CADD-22.1 TEDS	Secondary Drug Age of First Use	What was your age of first use for secondary drug ?			05-105	If invalid, drop to suspense.	3	N	X		

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ADU-9	PPG-1	Alcohol Frequency	How many days in the past 30 days have you used alcohol? (Ask if primary and secondary drug types not alcohol)	Ask if primary and secondary drug types not alcohol		00-30	If invalid, drop to suspense. 06 is an allowable value for administrative discharge only.			X	X	X
ADU-10	MTOQ	IV Use	How many days have you injected in the past 30 days?		00-30	00-30	If invalid, produce non-critical error.	2	N	X	X	X
ADU-11	CADD-23	Needle Use in Last 12 Months	Have you used needles during the past twelve months?		1 0	Yes No	If invalid, drop to suspense. If 59 is >0 must be yes	1	N	X		X
Employment data												
EMP-1	PPG-3 CADD-8 MTOQ TEDS	Employment Status	What is your current employment status?		1 2 3 4 5	Employed Full time (35 hours or more) Part time (less than 35 hrs) Unemployed looking for work Unemployed not in the labor force (not seeking) Not in the labor force (Not seeking)	If value='Employed Full-time' or 'Employed Part-time', report as 'Employed' for PPG. Values 'Employed', 'Unemployed Looking For Work', and 'Not in the Labor Force'=allowable values for PPG. Values 'Employed Full-time', 'Employed Part-time', 'Unemployed Looking For Work', and 'Not in the Labor Force not seeking'=allowable values for TEDS reporting. If invalid, drop to suspense.	1	N	X	X	X
EMP-2	MTOQ	Work Past 30 Days	How many days were you paid for working in the past 30 days?		00-30	00 - 30	If invalid, produce non-critical error.	2	N	X	X	X
EMP-3	CADD-9 MTOQ	Enrolled in School	Are you currently enrolled in school?		1 0	Yes No	If invalid, produce non-critical error.	1	N	X	X	X
EMP-4	MTOQ	Enrolled in Job Training	Are you currently enrolled in a job training program?		1 0	Yes No	If invalid, produce non-critical error.	1	N	X	X	X
EMP-5	CADD-9 TEDS	Highest School Grade Completed	What is your highest school grade completed?		00-30	00-30	Allow for up to 30. If more than 20, map to 20 for TEDS. If invalid, drop to suspense.	2	N	X		X
Criminal Justice data												
LEG-1	CADD-12 TEDS	Criminal Justice Status	What is your Criminal Justice Status?		1 2 3 4 5 6 7	Not applicable Under parole supervision by CDC On parole from other jurisdiction On probation from any federal, state or local jurisdiction Admitted under other diversion from any court under CA Penal Code, Section 1000 Incarcerated Awaiting trial, charges or sentencing	If invalid, produce non-critical error.	1	N	X		X

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LEG-2	CADDs (coded remarks)	CDC Number	What is your CDC Identification Number?	All clients should now be asked if they have a CDC number, not just FOTP and PSN clients.	A-Z, 0-9, Blank		If invalid, produce non-critical error.	6	AN	X		
LEG-3	PPG-4 MTOQ	Number of Arrests Last 30 Days	How many times have you been arrested in the past 30 days?		00-30	00-30	If invalid, drop to suspense.	2	N	X	X	X
LEG-4	MTOQ	Number of Jail Days Last 30 days	How many days have you been in jail in the past 30 days?		00-30	00-30	If invalid, drop to suspense.	2	N	X	X	X
LEG-5	MTOQ	Number of Prison Days Last 30 days	How many days have you been in prison in the past 30 days?		00-30	00-30	If invalid, drop to suspense.	2	N	X	X	X
LEG-6	CADDs (coded remarks)	Parolee Services Network (PSN)?	Are you a Parolee Services Network (PSN) parolee?		1 0	Yes No	If invalid, produce non-critical error. 44 cannot be blank	1	N	X		
LEG-7	CADDs (coded remarks)	FOTP Parolee?	Are you a FOTP Parolee?		1 0	Yes No	If invalid, produce non-critical error. 44 cannot be blank	1	N	X		
LEG-8	CADDs (coded remarks)	FOTP Priority Status	If so, what is your FOTP Priority Status?		1 2 3 99902	Completed Forever Free and released and enrolled in treatment program Any woman paroling from CIW Completed Forever Free and goes direct to FOTP facility Not Applicable	If invalid, produce non-critical error. 46 must be 1, 44 cannot be blank	5	N	X		
Medical/Physical Health data												
MED-1	CADDs (coded remarks)	Medi-Cal eligible	Are you eligible for Medi-Cal?		1 0	Yes No	If invalid, produce non-critical error.	1	N	X		
MED-2	MTOQ	Emergency Room - Last 30 days	How many times have you visited an Emergency Room in the past 30 days for physical health problems?			00-99	If invalid, produce non-critical error.	2	N	X	X	X
MED-3	MTOQ	Hospital Overnight last 30 days	How many days have you stayed overnight in a hospital for physical health problems in the last 30 days?			00-30	If invalid, produce non-critical error.	2	N	X	X	X
MED-4	MTOQ	Medical Problems last 30 days	How many days have you experienced physical health problems in the past 30 days?			00-30	If invalid, produce non-critical error.			X	X	X
MED-5	PPG-5 CADDs-11 TEDS	Pregnant at Admission	If client is not male ask: are you pregnant at the time of admission?		1 0 99901	Yes No Not Sure/Don't Know	If gender is male , set pregnant=No. If invalid, drop to suspense.	5	N	X		
MED-6	CADDs- 32	Pregnant at any time during treatment	If client is not male ask: were you pregnant at any time during treatment?		1 0 99901	Yes No Not Sure/Don't Know	If gender is male, set pregnant=No. If invalid, drop to suspense.	5	N		X	
MED-7	CADDs-17 TEDS	Medication Prescribed as a Part of Treatment	Medication Prescribed as a part of treatment	Provider supplied information	1 2 3 4 5 99903	None Methadone LAAM Buprenorphine (Subutex) Buprenorphine (Suboxone) Other	If invalid drop to suspense.	5	N	X		

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MED-8	MTOQ	Communicable Diseases: Tuberculosis	Have you been diagnosed with Tuberculosis?		1 0 99900	Yes No Not Answered	If invalid, produce non-critical error.	5	N	X		
MED-9	MTOQ	Communicable Diseases: Hepatitis C	Have you been diagnosed with Hepatitis C ?		1 0 99900	Yes No Not Answered	If invalid, produce non-critical error.	5	N	X		
MED-10	MTOQ	Communicable Diseases: Sexually Transmitted Disease	Have you been diagnosed with a Sexually Transmitted Disease?		1 0 99900	Yes No Not Answered	If invalid, produce non-critical error.	5	N	X		
MED-11	MTOQ	HIV Tested	Have you been tested for HIV/AIDS?		1 0 99900	Yes No Not Answered	If invalid, produce non-critical error.	5	N	X	X	X
MED-12	MTOQ	HIV Test Results	Do you have the results of the HIV/AIDS test?		1 0 99900	Yes No Not Answered	If invalid, produce non-critical error.	5	N	X	X	X
Mental Health data												
MEN-1	CADD 25 PPG-7	Mental Illness	Have you ever been diagnosed with a mental illness?		1 2 99903	Yes No Not Sure/Don't Know	If invalid, drop to suspense.	5	N	X	X	X
MEN-2	MTOQ	Emergency room use / Mental Health	How many times in the past 30 days have you received outpatient emergency services for mental health needs?			00-99	If invalid, produce non-critical error.	2	N	X	X	X
MEN-3	MTOQ	Psychiatric facility use	How many days in the past 30 days have you stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?			00-30	If invalid, produce non-critical error.	2	N	X	X	X
MEN-4	MTOQ	Mental health medication	In the past 30 days, have you taken prescribed medication for mental health needs?		1 0 99900	Yes No Not Answered	If invalid, produce non-critical error.	5	N	X	X	X
Family/Social data												
SOC-1	PPG-8 MTOQ	Social Support	How many days in the last 30 days have you participated in any social support recovery activities such as: 12 -Step Meetings Other Self Help Meetings Religious /Faith Recovery or Self-Help Meetings Attending Meetings of organizations other than those listed above Interactions with Family Member and/or Friend Support of Recovery?	Overall total days for all activities	00-30	00-30	If invalid, drop to suspense.	2	N	X	X	X
SOC-2	PPG-6 MTOQ CADD-26 TEDS	Current Living Arrangements	What are your current living arrangements?	Expand definition of homeless	1 2 3 99900	Homeless Dependent Living Independent Living Not Answered	If invalid, drop to suspense.	5	N	X	X	X
SOC-3	MTOQ	Living with someone	How many days in the past 30 days have you lived with someone who uses alcohol or drugs?			00-30	If invalid, produce non-critical error.	2	N	X	X	X
SOC-4	MTOQ	Family Conflict Last 30 Days	How many days in the past 30 days have you had serious conflicts with your family?			00-30	If invalid, produce non-critical error.	2	N	X	X	X
SOC-5	MTOQ	Number of Children	How many children do you have aged 17 or less (birth or adopted) whether they live with you or not?			00-30	If invalid, produce non-critical error.	2	N	X	X	X

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SOC-6	MTOQ	Number of Children 5 or Less	How many children do you have aged 5 or less ?			00-30	If invalid, produce non-critical error.	2	N	X	X	X
SOC-7	MTOQ	Number of Children Living With Someone Else	How many of your children are living with someone else because of a child protection court order?			00-30	If invalid, produce non-critical error.	2	N	X	X	X
SOC-8	CADPAAC	Number of Children Living With Someone Else	If you have children living with someone else because of a child protection order, for how many of these children have your parental rights been terminated?			00-99	If invalid, produce non-critical error.	2	N	X	X	X
SOC-9	TEDS (optional)	Codependent/Significant Other	Codependent/Significant Other (not collected; defaults to 'N' for TEDS)	System generated	(N/A)	No (Default)	This value is not solicited from counties. System will default to 'No' for TEDS.	(N/A)	(N/A)	X		
* Group code reference												
CID	Client identification and demographics											
TRN	Transaction data											
ADM	Admission data											
DIS	Discharge data											
ADU	Alcohol and drug use											
EMP	Employment											
LEG	Legal											
MED	Medical/Physical health											
MEN	Mental health/psychiatric											
SOC	Family/social											